Date: January 18, 1994

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE PATENT IN REAPPLICATION OF: Joseph Hummel GROUP 350 Serial No.: 08/424,223 Group No.: 3503 Filed: April 19, 1995 Examiner: J. Hail For: KNITTABLE YARN AND SAFETY APPAREL Docket No.: 10-142C3 Assistant Commissioner for Patent Washington, D.C. 20231 AMENDMENT TRANSMITTAL Transmitted herewith is an amendment for this application. 1. **STATUS** 2. Applicant is a small entity -- verified statement: attached. aircady filed. XX other than a small entity. CERTIFICATE OF MAILING (37 CFR 1.88) I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the "Assistant Commissioner for Patents and Trademarks, Washington, D.C. 20231.

Type or print name of person mailing paper)

## EXTENSION OF TERM

3.	The pro	eccdings	herein ar	e for a patent	appli	cation and	the pr	ovisions of 370	FR	1.136 app	aly.			
				(complete	(a) o	r (b) as a	pplicabl	e)						
	(a)	_ <u>xx</u> _	Applicant petitions for an extension of time for the total number of months checked below:											
			Extension (months			Fee for c		an		Fee for				
		<u>xx</u>	one mo two mo three m four mo	nths Onths		\$ 110.00 330.00 900.00 1,400.00				\$ 55.0 190.0 450.0 700.0	)() )() )()			
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	(b)		pctition	nt believes that is being made and the need for	to pr	ovide for	the pos	is required. He sibility that appoint of time.	owev	er, this c t has inc	ondition dverte	onal n:ly		
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4.	The fee	for claims	has been	n calculated as	show	n below:								
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	Claims Remaining After Amendment		Highest No. Previously Paid for		Present EXTRA	Rate	Addit. Fee		Rate	Addi Fee	t.			
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If the Highest No. Previously Paid for in this space is less than 20, enter "20". If the Highest No. Previously Paid for in this space is less than 3, enter "3".

(c) No additional ree is required
OR
(d) XX Total additional fee required \$ 380.00
FEE PAYMENT
5. Attached is a check in the sum of \$  xx Charge Account No. 23-0630 in the sum of \$ 380.00
Fee Deficiency
6. XX If any additional extension and/or fcc is required, this is the request therefor and to charge Account No. 23-0630
And/Or
XX If any additional fee for claims is required, charge Account No. 23-0630.
Reg. No.: 20,180 Sum SWatter
Signature of Attorney
Tel. No.: (216) 623-0775
Fax No.: (216) 241-8151 Type or Print Name of Attorney

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